

385

1951

MAY 7

FEB 8

1951

JAN 23 1951

STATE HEALTH DEPT.

RECEIVED
DISTRICT HEALTH OFFICE NO.
District File Number
Date Filed 1-2-18-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Regan L. Lull

Licensed Embalmer No. 4818

P. O. Address

Sedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.